State of New Jersey

PUBLIC EMPLOYEES OCCUPATIONAL SAFETY AND HEALTH

COMPLAINT

STATE USE ONLY					
Complaint No.		Date Rec'd			
Date Closed		Investigator Code			
Completed By					
	[] Complainant [] Department				

1. Name of Employer 2. Telephone Number () 3. Street Address (Mailing) 4. City, State, Zip Code 5. County 6. Type (Check One) [] State Agency [] County [] Municipality [] School Board [] Utility Authority [] Other (Specify): 7. Hazard Location/Name of Building (Specify building and exact location where alleged violation exists. Use separate form for each building.) 8. Floor and Room Number Use separate (Site)
3. Street Address (Mailing) 4. City, State, Zip Code 5. County 6. Type (Check One) [] State Agency [] County [] Municipality [] School Board [] Utility Authority [] Other (Specify): 7. Hazard Location/Name of Building (Specify building and exact location where alleged violation exists. 8. Floor and Room Number Use separate form for each building.)
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9. Street Address (Site)
10. City, State, Zip Code 11. County
12. Name of Person(s) in Charge 13. Telephone Number
14. Briefly describe your complaint:
14. Bliefly describe your complaint.
15. Approximate Number of Employees in Area a. Are there employees who believe they have health problems related to the complaint? b. Number of employees experiencing symptoms:
in Area health problems related to the complaint? experiencing symptoms: [] Yes [] No
16. Type of work done in the area (i.e., clerical, maintenance, firefighter)
10. Type of work done in the area (i.e., clerical, maintenance, menghter)
17. Materials handled (chemicals, cleaning compounds, etc.)
18a. To your knowledge, has there been a previous inspection b. If Yes, by whom?
related to the complaint? [] Yes [] No
c. Date Inspected d. Outcome of Inspection

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Complaint No.	

COMPLAINT

(Continued)

19. To your knowledge, has this complaint been the subject of any union/management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the employer or any representative thereof?

[] Yes [] No

[] Yes [] No				
If Yes, give the result 20. Name of Union	s, thereof, including any efforts by	management to correct th	e violation. 21. Local Number		
22. Name of Employee Representative			23. Telephone Number ()		
	THE INFORMATION BELOW W	ILL REMAIN CONFIDEN	TIAL UPON REQUEST		
25. Please indicate y	our desire:				
[] DO NOT RI	EVEAL MY NAME TO THE EMPLO	OYER. OR [] MY NAME MAY BE RI	EVEALED TO THE EMPLOYER.	
		[]	I WANT TO BE PRESE CONDUCTED.	ENT WHEN THE INSPECTION IS	
26. The complainant,	whose signature appears below (c	check one):			
[] Emp	loyee				
[] Rep	resentative of Employees				
[] Emp	loyer				
	er (Specify):				
27. Name of Complain		28. Signature		29. Date	
30. Street Address					
31. City, State, Zip			32. Co	ounty	
•					
33. Telephone Number	er	34. Best Time to Co	ontact		
()				
		N AUTHORIZED REPRES Y THIS COMPLAINT, CO			
35. Name of Organiza	ation				
36. Your Organization	ı Title				